## 985496

(Re	questor's Name)	
- (Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv



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SECRETARY OF SIAL BUYISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CYBERNETIC INVESTMENTS, INC.  Name of Corporation
DOCUMENT NUMBER: S85496
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALOHA MORENO
Name of Contact Person
CYBERNETIC INVESTMENTS, INC.
Firm/Company
565 LAKE MUREX CIRCLE
Address
SANIBEL, FL 33957
City/State and Zip Code
1. alahamarana@samanat nat
alohamoreno@comcast.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALOHA MORENO at ( 239 ) 472-1568
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, El. 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$	lorida
in orde	er to change its registered office or registered agent, or both, in the State of Flo	orida.
	the corporation: Cybernetic Investments, Inc.	<u> </u>
2. The principal	office address: 565 Lake Murex Circle	
<u> </u>	Sanibel, FL 33957	
3. The mailing a	address (if different):_Same	<u> </u>
	·	· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification: 10/07/1991 Document number:	S85496
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with trment of State: (If resigned, enter resigned)	9
	Resigned DWEN S. Freed	立部
	2200 Museum Tower	
	150 West Flager Street Miami	大型 26 元 (A)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	是 300
	Keith Bennett CPA	
	8181 West Broward Blvd, Suite 255	
	P.O. Box NOT acceptable	-
	Plantation, FL 33324	•
_	ess of its registered office and the street address of the business office of its be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so
Signatur	Hermogenes Moreno, F	resident
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the
Kosh	rature of Registered Agent  C/21/1/ Date	
If signing on bel	half of an entity:	
Ty	ped or Printed Name	i
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)